

ATTACHMENT 1

Enteral nutrition product procedure code and maximum allowable fees list

(Effective for dates of service on and after October 1, 2003)

The following table lists common enteral nutrition products alphabetically along with the corresponding maximum fees per unit. *Note:* This is not a comprehensive list.

B4150 Enteral formulae; category I; semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit					
Product name	Max fee/Unit	Product name	Max fee/Unit	Product Name	Max fee/Unit
AMTF	\$0.62	Isocal	\$0.62	Nutren Junior	\$0.62
AMTF Diabetic	\$0.62	Isocal HN	\$0.62	Nutren Junior with Fiber	\$0.62
AMTF High Protein	\$0.62	Isocal HN Plus	\$0.62	Nutren VHP	\$0.62
AMTF Pediatric	\$0.62	Isocal II	\$0.62	Nutri-Drink	\$0.62
Boost	\$0.62	Isofiber	\$0.62	Nutrilan	\$0.62
Boost High Protein	\$0.62	Isolan	\$0.62	Nutripak	\$0.62
Boost with Fiber	\$0.62	Isosource	\$0.62	Nutrition	\$0.62
Ensure	\$0.62	Isosource HN	\$0.62	Osmolite	\$0.62
Ensure HN	\$0.62	Jevity	\$0.62	Osmolite HN	\$0.62
Ensure HP	\$0.62	Jevity Plus	\$0.62	Osmolite HN Plus	\$0.62
Ensure Powder	\$0.62	Jevity RTH	\$0.62	Pediasure	\$0.62
Ensure with Fiber	\$0.62	Kindercal	\$0.62	Pediasure with Fiber	\$0.62
Entera	\$0.62	Lonalac	\$0.62	Portagen	\$0.62
Entera Isotonic	\$0.62	Meritene	\$0.62	Pre-Attain	\$0.62
Entera Isotonic Fiber	\$0.62	Naturite	\$0.62	ProBalance	\$0.62
Enteralife HN	\$0.62	Newtrition (Flavors)	\$0.62	Promote	\$0.62
Enteralife HN Fiber	\$0.62	Newtrition HN	\$0.62	Promote with Fiber	\$0.62
Enteralife HN-2	\$0.62	Newtrition Isofiber	\$0.62	Resource	\$0.62
Entrition HN	\$0.62	Newtrition Isotonic	\$0.62	Resource Diabetic	\$0.62
Fiberlan	\$0.62	Nitrolan (Nitro-Pro)	\$0.62	ReSource Just for Kids with Fiber	\$0.62
Fibersource	\$0.62	NuBasics	\$0.62	Susta II	\$0.62
Fibersource HN	\$0.62	NuBasics VHP	\$0.62	Sustacal	\$0.62
Fortison	\$0.62	NuBasics with Fiber	\$0.62	Sustacal Basic	\$0.62
Glytrol	\$0.62	Nutramigen	\$0.62	Sustacal Fiber	\$0.62
Hearty Balance	\$0.62	Nutren 1.0	\$0.62	Ultracal	\$0.62
Introlite	\$0.62	Nutren 1.0 with Fiber	\$0.62	Ultracal HN Plus	\$0.62

B4151 Enteral formulae; category I: natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit

Product name	Max fee/Unit	Product name	Max fee/Unit	Product Name	Max fee/Unit
Compleat Pediatric	\$1.45	Compleat-B Modified	\$1.45	Vitaneed	\$1.45
Compleat-B	\$1.45				

B4152 Enteral formulae; category II: intact protein/protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit

Product name	Max fee/Unit	Product name	Max fee/Unit	Product Name	Max fee/Unit
AMTF High Cal 2.0	\$0.52	Isotera Isotonic	\$0.52	Nutri-Drink Plus	\$0.52
AMTF Pulmonary	\$0.52	Naturite Plus	\$0.52	Nutrition Plus	\$0.52
AMTF Renal 2.0	\$0.52	Newtrition 1.5	\$0.52	Resource Plus	\$0.52
Boost Plus	\$0.52	Novasource 2.0	\$0.52	Respilor	\$0.52
Comply	\$0.52	NovaSource Pulmonary	\$0.52	Sustacal HC	\$0.52
Deliver 2.0	\$0.52	NuBasics 2.0 Complete	\$0.52	Sustacal Plus	\$0.52
Ensure Plus	\$0.52	NuBasics Plus	\$0.52	Twocal HN	\$0.52
Ensure Plus HN	\$0.52	Nutren 1.5	\$0.52	Ultralan	\$0.52
Entrition 1.5	\$0.52	Nutren 2.0	\$0.52		
IsoSource 1.5	\$0.52	NutriAssist 1.5	\$0.52		

B4153 Enteral formulae; category III: hydrolyzed protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit

Product name	Max fee/Unit	Product name	Max fee/Unit	Product Name	Max fee/Unit
Accupepha	\$1.76	Neocate Infant Formula	\$1.76	Precision Isotera	\$1.76
Criticare HN	\$1.76	Neocate One+Liquid	\$1.76	Reabilan	\$1.76
EleCare	\$1.76	Neocate One+Powder	\$1.76	Subdue	\$1.76
Glutasorb	\$1.76	Optimental	\$1.76	Travasorb HN	\$1.76
Isotein	\$1.76	Peptamen 1.5	\$1.76	Vital HN	\$1.76
L-Emental	\$1.76	Peptical	\$1.76	Vivonex HN	\$1.76
L-Emental Pediatric	\$1.76	Precision HN	\$1.76	Vivonex Pediatric	\$1.76

B4154 Enteral formulae; category IV: defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit

Product name	Max fee/ Unit	Product name	Max fee/ Unit	Product Name	Max fee/ Unit
Accupeg HPF	\$1.13	Isosource VHN	\$1.13	Pro-Peptide for Kids	\$1.13
Acerflex	\$1.13	L-Emental Hepatic	\$1.13	Pro-Peptide VHN	\$1.13
Advera	\$1.13	L-Emental Plus	\$1.13	Protain XL	\$1.13
Alitraq	\$1.13	Lipisorb	\$1.13	Provide	\$1.13
AminAid	\$1.13	Magnacal	\$1.13	Pulmocare	\$1.13
AMTF Renal	\$1.13	Magnacal Renal	\$1.13	Reabilan HN	\$1.13
AMTF Trauma	\$1.13	Maxamaid Formulas	\$1.13	Renalcal	\$1.13
Analog Formulas	\$1.13	Maxamum Formulas	\$1.13	Replete	\$1.13
Choice DM	\$1.13	Nepro	\$1.13	Replete with Fiber	\$1.13
Citrotein	\$1.13	Novasource Renal	\$1.13	Resource for Kids	\$1.13
Crucial	\$1.13	NutriHep	\$1.13	SandoSource Peptide	\$1.13
DiabetiSource	\$1.13	Nutrivent	\$1.13	SLD	\$1.13
Entera OPD	\$1.13	Oxepa	\$1.13	Stresstein	\$1.13
Fulfil	\$1.13	Peptamen	\$1.13	Suplena (Replena)	\$1.13
Glucerna	\$1.13	Peptamen VHP	\$1.13	Traumacal	\$1.13
Gluco-Pro	\$1.13	Peptamin Junior	\$1.13	Travasorb Hepatic	\$1.13
Hepatic-Aid	\$1.13	Perative	\$1.13	Travasorb MCT	\$1.13
Immun-Aid	\$1.13	Periflex	\$1.13	Travasorb Renal	\$1.13
Impact	\$1.13	Pregestimil	\$1.13	Vivonex Plus	\$1.13
Impact 1.5	\$1.13	Pro-Peptide	\$1.13	Vivonex T.E.N.	\$1.13
Impact with Fiber	\$1.13				

B4155 Enteral formulae; category V: modular components, administered through an enteral feeding tube, 100 calories = 1 unit

Product name	Max fee/ Unit	Product name	Max fee/ Unit	Product Name	Max fee/ Unit
Casec	\$0.88	Microlipid	\$0.88	Propac Plus	\$0.88
Elementra	\$0.88	Moducal	\$0.88	ProSource Protein	\$0.88
Essential ProPlus	\$0.88	Phlexy-10 Drink Mix	\$0.88	RCF (Ross Carb Free)	\$0.88
Essential Protein	\$0.88	Polycose	\$0.88	ReSource Instant Protein Powder	\$0.88
Fibrad	\$0.88	Procure	\$0.88	Restore-X	\$0.88
Hi ProCal	\$0.88	ProCell Protein	\$0.88	SoyPro	\$0.88
Immunocal	\$0.88	Promix	\$0.88	Sumacal	\$0.88
MCT Oil	\$0.88	ProMod	\$0.88	Sysco Classic Lactose Free Procal	\$0.88

B4156 Enteral formulae; category VI: standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit

Product name	Max fee/ Unit	Product name	Max fee/ Unit
Precision LR Powder	\$1.25	Travasorb STD Powder	\$1.25
Tolerex	\$1.25	Vivonex STD Powder	\$1.25

Note:

- Providers may call Sandmerc at (877) 735-1326 for product codes not listed in this attachment.
- If there is no code for the product being submitted for prior authorization (PA), submit the request using “NO CODE” in the procedure code field.
- If the product is to be taken orally, submit the PA request with the appropriate code plus the modifier “22.”